			TOP	PUI		ION OF HEA	ALTH — ŞTAN	DARD C	ERTIF	CATE_O	F DEATH		ĺ ΒΩΩ∙	3-03	0985
DEP	A T	4 EN	. •.		LIC P.	HEALTH AND WIgistration District No	ELEGRETO .	rimary Registra	ution Distri→	No. 30	5. Z. Segistrar's No	6	5	TATE FILE NU	MBER
DO NOT WRITE ON THIS STUB		AM	NDED	ļ	7' 1 1	ED JUL 2	•				and a No				
					1.	PLACE OF DEATH				•	2. USUAL RESIDE	•		f institution:	Residence before
VS 300	5	}					ddard				a. STATE _Mi	ssouri.c	OUNTY Stod	ldard	admission)
Rev. 4/59	AACHIDED	!				OR A	orporate limits, give TOW	(NSHIP only)	Length	of stay in 1b	c. CITY OR				Inside Limits
	146		1			TÖŴN Dext					TOWN //	exter			Yes 🗷 No 🗆
1/030					_	c. FULL NAME OF (IF	NOT in hospital, give to	cation)		Inside Limits	d. STREET ADDRESS		f cutside, give i		Reside on Farm
2 1030	/ E	3		1	_	INSTITUTION 7	08 No. Nels	on		res 🙀 No 🗆	1 2	05 West	McCollu	<u>m</u>	Yes No C
3	' †	\top		7	3.	NAME OF DECEASED	First	-	Middle		Last	4. DATE	Month	Day	Year
						(Type or print)	Murtle		May	Fn	rank	OF DEATH	July	21.	1963
4 /					5.	SEX	6. COLOR OR RACE	7. Marrie	ed 🗍 Nev	er Married 🗌	8. DATE OF BIRTH	9. AGE (last	birthday) If U	INDER 1 YEAR	IF UNDER 24 HR
5 2						Female	White	Widow		Divorced 🗌	1-7-1881	<u> 82</u>		<u>6 74 </u>	Hours Min.
6	اي					. USUAL OCCUPATION	(Give kind of work doring life, even if retired)	e 10b. KIND	OF BUSINES	S OR INDUSTR	Y 11. BIRTHPLACE				WHAT COUNTRY
	Š				<u> </u>	etirea nou	se keeper	<u> </u>				d (ounty	1. Mo.	<i>u</i> . <i>s</i> .	A
7 /2	<u>-</u>				_	FATHER'S NAME	r	131		MAIDEN NAM			NAME OF HUSBA	,	
8 7). I						MUEL (OOPE	パ R IN U.S. ARMED FORCE	57	mary	Anderso	7/L 17. INFORMANT	w.	B. Fran		
94222	AS					s, no, or unknown) {(If	yes, give war or dates				Mabel E.	Montgon	nery D:	800 Mom chmond	ument Ave
	¥	-		=		18. CAUSE OF DEATH	I (Enter only one cause p	per line for (a),	(b), and (c).		<u> </u>			I IN	YERVAL BEWVEEN VSET AND DEATH
10	٦١	_		CUMEN		PAKI I.	DEATH WAS CAUSED INMEDIATE CAUSE		Union	eny E	dema.			l G	AGEL AND DEATH
וו		3		l S			MINISTER ENGUL	(-/ <u> </u>			•	0	<u> </u>		
	泛	5		8		Condition	ons, if any, 1 DUE TO	in Los	raish	ne m	yotoriha	v Zark			1
12 Gir 1	. 17	• 1			J			``-'_ 			7				
12 90-95	SIE	?				which g above	cause (a),		01	· -		, , , ,	<u> </u>		
12 90-90		-	-	$\mid \mid$		which g above stating	gave rise to		ed	age					
13 2 -0	ON THIS				NO	which g above stating lying c	gave rise to cause (a), the under-	(c)	1 (1)	age TING TO DEAT	TH but not related t		PART UL IF		was female was
13 2 -0	No	2		-	CATION	which g above stating lying c	gave rise to cause (a), the under-cause last. DUE TO	(c)	1 (1)	age ING TO DEAT			PART UI. IF		ncy in last 90 days.
13 2 -0	No			-	RIFICATION	which g above stating fying c	gave rise to cause (a), the under-cause last. DUE TO	CONDITIONS IN IN PART I (a)	Deb	age ing to peat	TH but not related t	a the perminal	PART III. If	Yes V	ncy in last 90 days. No Unknown
13 2 -0	No				CERTIFICATION	which g above stating lying c	gave rise to cause (a), the under-cause last. DUE TO disease condition give	CONDITIONS In PART I (a)	Deb	age ing to peat	TH but not related to	a the perminal	PART III. If	Yes V	ncy in last 90 days. No Unknown
13 2 -0	No				- 1	which g above stating lying c PART II	gave rise to cause (e), the under-cause last. DUE TO disease condition give	CONDITIONS IN IN PART I (a)	Deb	ing to peat	TH but not related to	a the perminal	PART III. If	Yes V	ncy in last 90 days. No Unknown
13 2 -0	Z				MEDICAL CERTIFICATION	IP. WAS AUTOPSY PERFORMED? YES NO SO INJURY a.m. p.m.	gave rise to cause (a), the under-cause last. DUE TO THE SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year	CONDITIONS IN IN PART I (a)	DE 206	ing to peat clify. DESCRIBE HO	TH but not related to the second of the seco	D. (Enter nature o	PART III. If th	Yes Tior PART II	ncy in last 90 days. No Unknown of item 18.)
12 90-95 13 2 -0	No				- 1	which g above steting lying c steting lying c pART II 19. WAS AUTOPSY PERFORMED? YES □ NO 85	pave rise to cause (a), the under-cause last. DUE TO DUE T	CONDITIONS IN IN PART I (a)	(e.g., in or	ING TO DEAT CLIFT DESCRIBE HO TO OTHER DESCRIBE HO TO OTHER ABOUT home,	TH but not related to	D. (Enter nature o	PART III. If th	Yes V	ncy in last 90 days. No Unknown
13 7 -0 13 7 -0	AMENDMENTS ON T				- 1	which g above stating lying c PART II 19. WAS AUTOPSY PERFORMED? YES □ NO 62 20. TIME OF Hour INJURY a.m.	gave rise to cause (e), the under-cause last. DUE TO THER SIGNIFICANT disease condition give 20a. ACCIDENT SUIC TO Month, Day, Year Month, Day, Year WORK DED 20e. PLA farm WORK	CE OF INJURY	(e.g., in or	ING TO DEAT CLIFT DESCRIBE HO TO OTHER DESCRIBE HO TO OTHER ABOUT home,	TH but not related to the second to the seco	D. (Enter nature of	PART III. If the part of injury in PART	Yes ST!	ncy in last 90 days. No Unknown of item 18.)
13 7 -0 13 7 -0	AMENDMENTS ON T				- 1	which g above steting lying c steting lying c pART II 19. WAS AUTOPSY PERFORMED? YES □ NO 85	DUE TO Cause (a), the under-cause (b), the under-cause last. DUE TO Cause la tenta l	CE OF INJURY	(e.g., in or	ing to peat clify. DESCRIBE HO Describe Ho	TH but not related to Sucrement with June Occurred	D. (Enter nature of LOCATION	PART III. If the part of injury in PART CO	Yes ST !	ncy in last 90 days. No Unknown of item 18.)
13 7 -0 13 7 -0	AMENDMENTS ON T				- 1	IP. WAS AUTOPSY PERFORMED? YES NO SCIINURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE	20a. ACCIDENT SUICE Month, Day, Year Month, Day, Year WORK 20a. ACCIDENT SUICE Month, Day, Year EED 20a. PLA farm	CE OF INJURY	(e.g., in or	ing to peat clify. DESCRIBE HO Describe Ho	TH but not related to the second to the seco	D. (Enter nature of LOCATION	PART III. If the part of injury in PART CO	Yes ST !	ncy in last 90 days. No Unknown of item 18.) STATE
13 7 -0 13 7 -0	AMENDMENTS ON T			OF	- 1	19. WAS AUTOPSY PERFORMED? YES NO 80 NIJURY a.m. p.m. 20d. TIME OF HOUR NIJURY OCCURR WHILE AT WORK NOT WHILE WHIL	20a. ACCIDENT SUICE Month, Day, Year Month, Day, Year WORK 20a. 20a. PLA farm Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork Mork	CONDITIONS IN IN PART I (a) CE OF INJURY In, factory, stree	(e.g., in or	ing to peat clify. DESCRIBE HO Describe Ho	TH but not related to Sucrement with June Occurred	D. (Enter nature of LOCATION	PART III. If the part of injury in PART CO	Yes ST! T 1 or PART II	of item 18.) STATE SUSSESS STATE SUSSESS STATE SUSSESS SUSS
13 7 -0 13 7 -0	AMENDMENTS ON T				MEDICAL	which ge above stering lying control of the part of t	20a. ACCIDENT SUICE Month, Day, Year MORK 20a. ACCIDENT SUICE MORK 20a. ACCIDEN	CE OF INJURY	(e.g., in or	DESCRIBE HO about hame, g., etc.) to 7-14	TH but not selated to Successful Property Occurred Law Injury Occu	D. (Enter nature of the LOCATION and last saw her and to the best	PART III. If the property of injury in PART alive on 7-1 of my knowledge Depter	Yes TI or PART II	of irem 18.) STATE STATE 22c. DATE SIGNED 7-22-63
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON T			Ι	MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO STINUEY A.M. D.M. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WHIL	20a. ACCIDENT SUICE Month, Day, Year Month, Day, Year WORK 20b. PLA farm Month, Day, Year 20c. PLA farm More and Table Month, Day, Year Month, Day, Year 20c. PLA farm More and Table More and Tab	CE OF INJURY A factory, stree	(e.g., in or 11, office bld	ing to peat clify. DESCRIBE HO Describe Ho	TH but not selated to Successful Property Occurred Law Injury Occu	D. (Enter nature of the best saw her and to the best card	PART III. If the property of injury in PART alive on 1 - 1 of my knowledge Depter (City, town, or	Yes Pregner Yes Pregner To PART II DUNTY I ~ 63 Ie, from the ce County)	of item 18.) STATE STATE SUSSESS STATE SUSSESS STATE SUSSESS STATE
13 7 -0 13 7 -0	AMENDMENTS ON T			Ι	MEDICAL	which g above gabove g	20a. ACCIDENT SUICE MORK 20a. ACCIDENT SUICE M	CE OF INJURY A factory, stree	(e.g., in or	about hame, g., etc.) MEYERY OR CRE	TH but not related to Sucremental Sucremen	D. (Enter nature of the best saw her and to the best location Near A	PART III. If the property of injury in PART alive on 1 - 1 of my knowledge Of my knowledge October 1 of Miss.	TI or PART II OUNTY I - 63 ge, from the ce county)	of irem 18.) STATE STATE 22c. DATE SIGNED 7-22-63
13 7 -0 13 7 -0	AMENDMENTS ON T				WEDICAL	which ge above stering lying control of the part of t	20a. ACCIDENT SUICE Month, Day, Year Month, Day, Year WORK 23b. DATE 7-23-63	CE OF INJURY A factory, stree	(e.g., in or any, office bld	about hame, g., etc.) MEYERY OR CRE	TH but not selated to Successful Property Occurred Law Injury Occu	D. (Enter nature of the best saw her and to the best location Near A	PART III. If the property of injury in PART alive on 1 - 1 of my knowledge Depter (City, town, or	TI or PART II OUNTY I - 63 ge, from the ce county)	of Irem 18.) STATE STATE 22c. DATE SIGNED 7-22-63

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my personal s	supervision.	
Student		Signed Lucille Hairing
Signature of	Student Embalmer	
· · · ·	$_{i,j}(X)$, $_{i+1}(z)$	Licensed Embalmer No. 4983 P. O. Address Deuten Ma
· · · · · ·	**	P. O. Address Deuten Ma
:,	-	ENSED EMBALMER in his OWN HANDWRITING. (Failure to compl

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.